| First Water Quality T<br>WISCONSIN UNIQUE W                               |                                       |   |   |                           |
|---|---------------------------------------|---|---|---------------------------|
| Property Owner  | Telephone Number ( )                  |   |   |                           |
| Mailing<br>Address  |                                       |   |   |                           |
| City  |                                       | State   | Zip Code  |                           |
| County of Well Location  Co. Well permit  No. W                           |                                       | Well Completion Date (mm-dd-yyyy)   |   |                           |
| Well Constructor (Business Name)  | License                               | #   | Mail  |                           |
| Address   |                                       | Results To  |   |                           |
| City State  | Zip Code                              |   | 10  |                           |
| Use this form only for firs   | •                                     | •   |   |                           |
| STOP: DETACH SLIP AT TOP B  | EFORE COMP.                           | LETING U  |   | AS                        |
| Date of Collection         Time           M M D D Y Y Y Y Y         H H M | _                                     |   | Test Request dditional tests desirtest is required.) Se |                           |
| Collected By:   |                                       | ☐ Flouride ☐ Nitrate  |   |                           |
| Sample Location   |                                       | Laboratory Use Only<br>Approved Method  |   |                           |
| Test Pump Air Lift Bailer Sampling Fa                                     |                                       | MMO-MUG   Membrane Filter   Multiple Tube Fermentation   Presence/Absence   |   |                           |
| Pump Installer (If Known)   |                                       | Other   |   |                           |
| Other Tests or Comments:  Lab Name Lab Co                                 | S S S S S S S S S S S S S S S S S S S | eriological In<br>Safe (Colifor<br>Jnsafe (Colifor<br>Fecal/E Convalid (Suburalid (Suburalid )<br>Old - OL<br>Overgrow<br>Turbidity | orm Present) and:  oli Present                          | al/E Coli Absent          |
|   |                                       | -   | LITY TEST<br>tural Resources                            | Form 3300-77<br>(R 12/00) |

## First Water Quality Test Form (3300-77)

All new, replacement, or reconstructed wells must be tested for bacteriological safety.

Fill out the form down to the shaded areas. You may use the Other Tests or Comments shaded area if you need to. Fill in all requested information.

When completed, print this form out and send it to a certified laboratory along with your sample.

You must collect a bacteriological sample for this well. A nitrate, fluoride, atrazine or other tests are optional, although the Wisconsin Groundwater Coordinating Council has endorsed a recommendation to take a nitrate sample in addition to bacteria.

Collect your sample just prior to mailing or bringing it to the laboratory. Bacteriological samples have shorter holding time requirements which should not be exceeded.

## Form Fields Help:

**Property Owner:** Enter the last name, a coma, followed by the first name. If there is no person and it is a business or facility, enter the full business or facility name.